



New Hampshire

Building Infrastructure to Expand Oral Disease Prevention Services

Public Health Problem

In the early 1990s, New Hampshire did not have an oral health program within the state health agency. Without a state dental director, the state lacked oral health leadership and had one of the lowest fluoridation rates in the nation. In 1996, just 24% of people with access to public water systems in New Hampshire received fluoridated water; the *Healthy People 2010* objective is 75%. Not only did the state lack the capacity to plan, implement, and evaluate oral disease prevention programs, but also it had little capacity for gathering or analyzing surveillance information on the oral health status of its adults and children.

Evidence That Prevention Works

According to *The Guide to Community Preventive Services*, tooth decay typically decreased by 30% to 50% in communities that instituted water fluoridation. Since the 1960s, the prevalence and severity of dental decay (cavities) declined dramatically among U.S. children and adults as a result of fluoride use. Despite these gains, dental decay remains a significant problem for many children, especially poor children and those of some racial and ethnic groups.

Program Example

In 1997, CDC began helping New Hampshire develop oral health-related interventions, particularly community water fluoridation in collaboration with the Health Resources and Services Administration (HRSA). With modest federal funding, the state hired a part-time program coordinator for oral health, and CDC provided technical assistance in developing strategies to promote community water fluoridation. In 1999, voters in Manchester, the state's largest city, approved a water fluoridation initiative. CDC engineers worked with state water department staff to design a fluoridation system, which was implemented in 2000. Approximately 43% of the New Hampshire population on public water systems now receives fluoridated water. In 2000, a CDC epidemiologist was assigned to New Hampshire and 25% of his time was devoted to oral health. In addition, a state-supported full-time dental director was hired in 2001 to provide leadership for the state's oral health program. New Hampshire also used the Association of State and Territorial Dental Directors (ASTDD) Basic Screening Survey to complete the first statewide assessment of the oral health of schoolchildren in 2001.

Implications

With capable staff dedicated to working on oral health issues, it is possible to obtain basic information on oral health status quickly and inexpensively and to use this information for planning and evaluating state oral health programs.

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